

APPROVED LIST OF DIAGNOSTIC PROCEDURES

(For Primary Medical Care Subcontractors)

The diagnostic code and client's 11-digit code must be written on the invoice to process reimbursement. The code on invoice and CPCDMS SubCat code on Billing History Report must match.

Diagnostic Procedure	CPCDMS SubCat Code	Diagnostic Code (for Invoice)
Barium Studies	BARM	DP05
Biopsy – Other	BIOP	DP14
Bone Densitometry/Bone Density Testing	BONE	DP12
Bronchoscopy	BRONC	DP02
CAT Scan	CSCAN	DP22
Colonoscopy	COLON	DP26
Colposcopy	COLPO	DP06
Condyloma excision (outpatient procedure only)	CONDY	DP27
Diabetic Supplies	DMSUP	DP29
Echocardiogram	ECHO	DP07
EGD	EGD	DP03
Flexible Sigmoidoscopy	SIGM	DP04
Gastrosopies	GASTR	DP09
Genotypic testing (including HLAB5701)	GENO	DP23
HEP C RNA	HCRNA	DP01
Incision/removal of cyst	CYST	DP19
KS Lesion – punch biopsy	KSBX	DP17
Liquid Cytology	LCPAP	DP25
Liver Biopsies	LVRBX	DP08
Lumbar Puncture	LUMB	DP18
Lumpectomy	LUMP	DP21
Mammogram	MAMM	DP20
MRI Scan as dictated by exam/clinical course	MRI	DP15
Other Diagnostic Procedure Approved With Waiver	WAIVR	DP99
Phenotypic testing	PHENO	DP24
Radiological Procedures: non-routine chest, cervical spine, lumbar spine, upper extremities, lower extremities, KUB-abdomen, I.V.P. - Intravenous Pyleograms, Barium Swallow, and Ultrasound	RSPRC ULTRA	DP11
Sonogram	SONO	DP10
Stress EKG/EKG 12 lead	EKG	DP13
Trofile test	TRFL	DP28
Upper & Lower GI	GI	DP16

This information and updates are available at www.hcphe.org/rwga
(click on the *Forms & Instructions* link under Grants Management)